APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: No

Number of CD Disks::

Number of Copies of CDs:: 0

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF:: 0

Title:: METHODS FOR PRESERVING STRAINED SEMICONDUCTOR

SUBSTRATE LAYERS DURING CMOS PROCESSING

Attorney Docket Number:: ASC-063

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Licensed US Govt. Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Matthew

Middle Name:: T.

Family Name:: Currie

Name Suffix::

City of Residence:: Windham

State or Province of Residence:: NH

Country of Residence:: U.S.A.

Street of Mailing Address:: 8 Fletcher Road

City of Mailing Address:: Windham

State or Province of Mailing Address:: NH

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 03087

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Anthony

Middle Name:: J.

Family Name:: Lochtefeld

Name Suffix::

City of Residence:: Somerville

State or Province of Residence:: MA

Country of Residence:: U.S.A.

Street of Mailing Address:: 73 Garrison Avenue

City of Mailing Address:: Somerville

State or Province of Mailing Address:: MA

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 02144

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/422,468	10/30/02

Foreign Priority Information

Application Number::	Filing Date::	Priority Claimed::
	Application Number::	Application Number:: Filing Date::

Assignee Information

Assignee Name::

AmberWave Systems Corporation

City of Mailing Address:: Salem

State or Province of Mailing Address:: NH

Country of Mailing Address:: USA